

# CLAIMS ONLY

Application Number

09/804,409

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 6-26-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

  

	6-26-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/804 409  
APPLICANT

6-26-06

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
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148						
149						
150						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
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198						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

*1 cont.*